

Complementary Programs to Support Self-Management for People with Diabetes & Prediabetes

General Diabetes Self-Management Education/Training (DSME/T)

Stanford's Diabetes Self-Management Program (DSMP)

Stanford's Chronic Disease Self-Management Program (CDSMP)

National Diabetes Prevention Program (National DPP)

DSME/T (ADA-recognized or AADE-accredited)	DSMP	CDSMP	National DPP lifestyle change program
Specific to diabetes	Specific to diabetes	Addresses all chronic conditions	Specific to those with prediabetes or at high risk for type 2 diabetes
Participants all have diabetes; family members welcome	Participants all have diabetes; family and others who assist can attend	Participants have a variety of chronic conditions; family and others who assist can attend	Participants have a diagnosis of prediabetes, or are at high risk for type 2 diabetes
Focuses on knowledge/skills	Focuses on action planning/problem solving	Focuses on action planning/problem solving	Focuses on nutrition, physical activity, stress management; goal is 5-7% weight loss
Licensed Health Professional (Nurse, dietitian, pharmacist and/or a certified diabetes educator) coach	Two lay leaders (at least one with diabetes)	Two lay leaders (at least one who has a chronic condition)	Lifestyle coach, can be a lay leader or Licensed Health Professional
Focuses on the medical management of the disease and 7 self-care behaviors: healthy eating, being active, monitoring, taking medication, problem solving, healthy coping, and reducing risks.	Focuses on management of lifestyle behaviors & emotional management	Focuses on management of lifestyle behaviors & emotional management	Focuses on lifestyle change (nutrition, physical activity)
Medicare reimbursement allows for 10 hours (1-2 hours individual counseling; 8-9 hours in a group)	15 hours, all in group (2.5 hours/week for 6 weeks; ~5 hours of diabetes "content")	15 hours, all in group (2.5 hours/week for 6 weeks)	Year-long program consisting of 16 sessions (1 hour/week) during the first phase and 6 follow up sessions (1 hour/month) during the second phase
There is variation among ADA recognized/AADE accredited DSME/T program content	No variation in content; scripted & timed content and processes for each session; random control trial tested	No variation in content; scripted & timed content and processes for each session; random control trial tested	Follows a CDC-approved curriculum

<p>Content areas include:</p> <ul style="list-style-type: none"> • Diabetes disease process & treatment options • Incorporating nutrition management, physical activity, & utilizing medications • Monitoring blood glucose & using results to improve control • Preventing, detecting, & treating acute & chronic complications • Goal setting and problem solving • Integrating psychosocial adjustment • Preconception care and management during pregnancy (if applicable) 	<p>Content areas include:</p> <ul style="list-style-type: none"> • Diabetes disease process & treatment options • Incorporating nutrition management, physical activity, & utilizing medications • Monitoring blood glucose & using results to improve control • Preventing, detecting, & treating acute & chronic complications • Goal setting and problem solving • Integrating psychosocial adjustment 	<p>Content areas include:</p> <ul style="list-style-type: none"> • Techniques to deal with problems such as fatigue, pain, difficult emotions • Physical activity • Appropriate use of medications • Communicating effectively with family, friends, & health professionals • Healthy eating, weight management • Decision making 	<p>Content areas include:</p> <ul style="list-style-type: none"> • Fat/Kcal • Healthy eating • Physical activity • Problem solving • Taking charge of your environment • Difficulties of lifestyle change • Stress management • Staying motivated
<p>ADA recognized and AADE accredited DSME/T programs must the National Standards for Diabetes Self-Management Education and Support</p>	<p>Uniform content & processes allow for data aggregation across programs in different geographic areas. Reduced A1C demonstrated.</p>	<p>Uniform content & processes allow for evaluative data aggregation across programs in different geographic areas. Improved self-efficacy demonstrated.</p>	<p>Participant data, including weight and physical activity minutes, are tracked and reported to the CDC Diabetes Prevention Recognition Program (DPRP); organizations applying for CDC-recognition must achieve participant outcomes as outlined in the DPRP National Standards</p>

DSME/T addresses more content in fewer hours, typically engaging consumers soon after diabetes is diagnosed. DSME/T and CDSMP or DSMP complement each other, and provide disease-specific knowledge and skills along with practical problem-solving and action planning. CDSMP can complement the DSME/T programs. Compared to diabetes “support” groups, the CDSMP has more structure and accountability.

CDSMP and DSMP have not been evaluated for impact on prediabetes. The National DPP’s lifestyle change program is not designed for people with a diagnosis of diabetes. It is an evidence-based program for people with prediabetes (documented blood-based diagnostic test – blood glucose or A1c), a history of gestational diabetes, or those at high risk for type 2 diabetes identified through a self-administered Prediabetes Screening Test.